

INDIGENOUS CEREMONY	Transformation and Well-Being II-PH4-6500-001
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Purpose

This policy recognizes the significant role that cultural ceremonies play in the emotional, physical, mental, and spiritual well-being when providing culturally safe and appropriate care for Indigenous patients, residents, and families.

Newfoundland and Labrador have a diverse Indigenous population who practice various ceremonies such as Smudging, Pipe Ceremony, and Lighting of the Kullik, among others. Ceremonies are an integral part of some Indigenous Cultures and Spirituality. These ceremonies have various meanings for different individuals, but they can bring a sense of connection and “home away from home” for Indigenous patients, residents, and families while they are separated from their families and supportive communities.

This policy aligns with the Truth and Reconciliation Commission of Canada calls to action (2015), particularly call to action number 22 which appeals to “those who can affect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients” (TRC, 2015, pg.3).

The United Nations Declaration on the Rights of Indigenous People, Article 24.1 states “Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals, and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.”



In alignment with Newfoundland and Labrador Health Services (NLHS) commitment to providing equitable healthcare, this Indigenous Ceremony policy serves to:

- Strengthen the partnership with Indigenous peoples and communities to provide culturally safe care in an inclusive environment for patients, residents, and their families by integrating Indigenous ways of being into the care and support provided at NLHS
- Ensure the safe facilitation of Indigenous ceremonies for First Nations, Inuit, and Métis (FNIM) patients, residents, and their families in alignment with NLHS core values and best practice guidelines.
- Provide guidelines to ensure that culturally supportive practices of Indigenous Ceremony become an available and routine practice in NLHS inpatient facilities for Indigenous patients.
- Ensure that culturally safe spaces are included in any new inpatient facility or residence

Scope

This document applies to:	<input checked="" type="checkbox"/> Provincial	<input type="checkbox"/> Labrador-Grenfell	<input type="checkbox"/> Western	<input type="checkbox"/> Central
	<input type="checkbox"/> Eastern Rural	<input type="checkbox"/> Eastern Urban	<input type="checkbox"/> Other (as specified below)	

This policy applies to all employees, clinical staff, and affiliates in NLHS zones inpatient facilities.

Definitions & Acronyms

Terms/Acronyms	Definitions / Descriptions
Container for remnants of the medicines (Ashes)	A sealed airtight container that the remnants of the burnt medicines can be stored in, like a glass jar. Once burned the remnants must be cooled and safely transferred outside to the earth by the facilitator of the smudge, or an approved representative.
Contracted Security	Includes the In-House Supervisors, Fire Marshall, Fire Safety Coordinator, and security guards that help facilitate the fire safety protocols for an open flame ceremony.
Dry Smudge	Uses Dry Sacred Medicines which are passed around to each participant who will place it in their hands and hold it while a prayer is being said. It is then collected by the ceremony leader and kept until it can be burnt in the sacred fire. Liquid sage, tobacco, sweet grass, or cedar can also be spread on the person. The element of fire is missing from this ceremony but in rare cases, this may be the only option available in holding the ceremony inside.



Elder	An individual who is recognized and has earned the respect of the community. They are carriers of wisdom and teachings rooted in Indigenous Culture which have been learned and earned through teachings over time.
FNIM	First Nations, Inuit, and Métis
HCP	Health Care Provider
Indigenous People	The United Nations recognizes Indigenous Peoples as inheritors and practitioners of unique cultures and ways of relating to people and the environment. In Canada, Section 35 of the Constitution Act (1982) cites the Indigenous peoples of Canada as including the First Nations, Inuit, and Métis people.
Indigenous Ceremony	A distinctive custom, spirituality, or procedure, which is traditionally practiced by Indigenous people. There are many types of Indigenous Ceremonies which are distinctive to each Indigenous group.
Indigenous Patient Navigator	A position created to assist Indigenous Patient and families through their healthcare journey.
Knowledge Keeper/Sharer	Refers to someone who has earned the teachings and has been mentored by an Elder or spiritual leader within their community. This person shares traditional knowledge and teachings.
Kullik lamp	A type of low intensity oil lamp that was traditionally made from soapstone. The wick was made from arctic cotton and moss and fueled by animal oil. Today several forms of low smoke or smokeless oils are used. It was traditionally used by the Inuit primarily as a tool for cooking and staying warm in the home. (Indigenous spiritual practices - Ontario Human Rights Commission). Today it is used as a symbol of resilience and a teaching tool, to begin gatherings well, and an important part of ceremony.
Medicine Pouch	A bag or small pouch that contains sacred items. Traditionally worn under clothing.
Pipe Ceremony	The pipe is a sacred object and is used in prayer and during ceremony. It is used to connect with all the elements and the creator. The pipe should never be touched without the permission of the Pipe Carrier. Pipe carriers are learned ceremonial practitioners in many First Nation communities. Sacred medicines are placed in the pipe, the pipe is lit, and the smoke carries the prayers to the creator.
Sacred Medicines	Plants that are provided by the creator. May include any, or a combination of sweet grass, sage, cedar, deer foot fungus, and/or medicinal ceremonial tobacco amongst others.



Smudge	An Indigenous ceremony involving the lighting of Sacred Medicines in a vessel, typically an abalone shell (mollusk shell) or another fire-resistant container. The resulting smoke (smudge) is used for cleansing, healing, prayers, and the creation of a sacred space.
Spiritual Health/Spiritual Care/Pastoral Care	Health and the Human Spirit (Watson, 2012) states that, "Spiritual Health encompasses an individual's thinking, beliefs, behaviors, and culture as a means to seek health and wellness for the body, mind, relationships, and soul. In 1998, The World Health Organization gave support to a proposal to include the word "spiritual" in its description of overall health.
Smudge Spray	A smokeless alternative to traditional smudging with smoke. These sprays typically contain essential oils or extract of herbs traditionally used in smudging such as sage, cedar, sweetgrass, and tobacco.

Policy Statements

- NLHS Staff recognizes the traditional use of ceremonial tobacco and traditional medicines in prayer, smudge, or lighting the Kullik as integral to spiritual and cultural well-being, along with many other cultural ceremonies. See Appendix B for terms of reference used in some other ceremonies.
- NLHS Staff are committed to facilitating and developing a plan for Indigenous ceremony requests from patients, residents, and families in a safe and respectful manner.
- NLHS Staff will communicate any potential limitations that may exist.
- NLHS Staff will help identify a suitable date and time for the ceremony. In urgent cases, such as critically ill, or end-of-life situations, every effort will be made to facilitate the ceremony within an acceptable timeframe (2 hours or less), whenever possible.
- NLHS Staff must take steps before, during, and after the ceremony to accommodate the needs of individuals who may have asthma, respiratory issues, or other health concerns. These measures include:
 - Performing ceremonies in well-ventilated areas whenever possible.
 - Providing carbon filter air purifiers as needed.
 - If performing in a patient's room, all efforts must be made to provide a private room.
 - Temporary reassignment of staff, as necessary.
- If the ceremony requires a flame that cannot be safely lit inside, and the patient cannot go to a pre-designated area (e.g. due to oxygen use), this type of ceremony cannot proceed and the patient and family will be asked to consider a smokeless, flameless alternative such as spray, dry smudge, oil, medicine pouch, or other culturally relevant object/ceremony to ensure safety while respecting cultural practices. **This will be a last resort, and a Clinical Safety Reporting System (CSRS) report, found on the**



intranet, must be completed to indicate why the ceremony could not be completed, ensuring that cultural safety concerns are properly monitored.

- NLHS Staff will collaborate with Spiritual Health/Indigenous Patient Navigator/Management for Indigenous ceremonies that do not involve fire or smoke to ensure appropriate accommodations are made on a case-by-case basis, considering the specific needs and cultural context of each ceremony, ensuring cultural respect, safety, and alignment with established practices.

Exemptions to this Policy:

- This policy does not apply to NLHS Facilities that offer services with no overnight care.
- This policy is limited to designated culturally safe spaces only, in facilities operated, but not owned, by NLHS.

Procedures and Accountabilities

1. At Ceremony Request

Patient/Resident/Family Actions:

- Request an Indigenous ceremony and provide staff with as much notice as possible to allow time to respectfully honor and facilitate the request. This may be particularly important when the patient is palliative or nearing end-of-life and cannot be moved to a designated culturally safe space.
- May facilitate the ceremony themselves or ask for assistance to contact a Spiritual leader, Indigenous Patient Navigator, Knowledge Keeper/Sharer, or Elder of their choosing.
- In the event they perform the ceremony themselves they will be respectfully asked to follow NLHS protocols (see Indigenous Ceremony Patient Brochure in Appendix C).
- Will provide their own ceremonial item(s) and traditional medicines for the ceremony. (Some zones may have access to certain ceremonial items- ask your Indigenous Patient Navigator or Healthcare provider).
- May indicate their preferred location for the ceremony. (See Appendix A for a list of Culturally Safe Spaces by zone)

Healthcare Provider (HCP) Actions:

- Engage with the patient, resident, and family to understand their cultural or spiritual requests and determine what supports, if any, are required.
- Assess the medical care of the patient or resident and inform them, and their family, of any risks involved with conducting the ceremony.



- Consult with the most appropriate HCP if patient is on oxygen to ascertain if it can be temporarily discontinued for the ceremony. **Note: Ceremony involving flame or fire is not permitted in the presence of oxygen use.**
- Gather details of the date, time, individuals involved, duration, and preferred location for ceremony.
- Confirm with the patient/family/resident who will be leading the ceremony and if any assistance is needed to help facilitate
- Initiate the Indigenous Ceremony Request Checklist form (Appendix F: Form # NLHS050APR01, found on the intranet under Forms)
- **Notify the Manager of request (or Site Manager if after hours/ weekends).**

Manager/Site Manager Actions:

Immediately Notify:

- NLHS zonal Spiritual Health/Pastoral Care if help is needed to connect with an Elder, Knowledge Keeper/Sharer, or Indigenous Patient Navigator, or if performing ceremony in chapel space.
- Facilities to ensure all fire alarms and ventilation systems will be bypassed (if applicable to your institution)
- Contracted security (if applicable to your institution).

2. Prior to Ceremony

HCP Actions:

- Contact the manager or Site Manager if assistance is needed.
- Monitor fire risk and ensure the location of nearest Class A fire extinguisher is identified.
- Close the door before the beginning of the ceremony.
- Place a sign "Indigenous Ceremony Taking Place" outside the door (Template in Appendix D).
- Complete the Indigenous request/ checklist (Appendix F - Form # NLHS050APR01).

Manager/Site Manager Actions:

- Ensure staff are aware of and follow the Indigenous Ceremony Policy.
- Foster respect and promote cultural humility and safety for the requested ceremony.
- Be aware of the locations where the ceremony can be held and relevant procedures for the ceremony (See Appendix A).



- Ensure staff in the area are notified that an Indigenous Ceremony will be taking place.
- Explore options such as relocation of patient/roommate, or temporary reassignment of staff, to minimize risk of exposure to smoke or scents for individuals with respiratory issues such as chronic obstructive pulmonary disease or asthma.
- Ensure the ceremony request is accommodated in a timely manner unless exceptional circumstances exist.
- Confirm with facilities prior to the ceremony that all fire and ventilation systems have been bypassed (as required by facility)
- If there are issues or concerns implementing this policy, contact the Director for your area, or Director on call.
- If a ceremony request is denied, complete a CSRS report and follow up with the patient and family.

Facilities (or delegate) Actions:

- If required by the facility, temporarily place the fire alarm and ventilation systems in appropriate bypass.
- Adjust ventilation and open windows (as available), to minimize migration of smoke
- Provide carbon filter air purifiers as needed
- Ensure a Class A fire extinguisher is available in the ceremony area.

Spiritual Health/Pastoral Care Actions:

- Assist with coordinating the ceremony and participate if invited and willing. Assist with contacting facilitators as requested (and provided) by the patient, resident, or family.

Contracted Security (or delegate) Actions:

- Ensure all safety protocols are followed
- Ensure a Class A Fire extinguisher is available in the area of the ceremony.

3. During the Ceremony

HCP Actions:

- Participate if you are invited and willing.
- If the patient, resident, or family prefers to hold the ceremony privately, provide clear instructions on how to access healthcare assistance if necessary.
- Ensure the ceremony room door is kept closed.



- Every effort must be made to avoid interrupting the ceremony. If a HCP's presence is medically necessary (e.g., for an unstable patient), they must respectfully explain the reasoning to the patient, resident, and family.
- Monitor for fire risk and emergencies.

Patient/Resident/Family Actions:

- In the event they perform the ceremony themselves, they will be respectfully asked to follow NLHS protocols. (See patient brochure in Appendix C)
- Use smaller amounts of traditional medicines in areas with poor ventilation to minimize smoke.
- A lighter is preferred over matches to help reduce the smell of sulfur.

4. After the Ceremony

- Allow the ashes to cool in the firesafe vessel. The person conducting the ceremony must transfer the cooled ashes to a suitable sealed, airtight container and cover it with a lid for transport. The cooled ashes must be taken outside by the person conducting the ceremony, or their delegate, to be returned to the earth according to tradition.
- Remnant of the medicines (ashes), must not be flushed down the toilet or placed in the garbage.
- Ensure the door remains closed for 30 minutes to allow smoke to dissipate.

HCP Actions:

- Reestablish oxygen if it was temporarily discontinued for the ceremony. Assess patient and vital signs, as necessary.
- Survey the space to ensure all flames are extinguished, and no embers or hazards remain.
- Ensure the room door remains closed for 30 minutes to allow smoke to dissipate
- Remove the "Ceremony in Progress" signage from the door.

Manager/Site Manager Actions:

- Notify facilities when the ceremony is completed to ensure all fire alarms, smoke detectors, and ventilation systems in the area are returned to normal (where applicable).

Facilities (or delegate) Actions:

- Ensure the fire alarm is reactivated immediately after the procedure when safe to do so.
- Return all systems to their original state (fire alarm, smoke detectors, and ventilation systems where applicable).



Contracted Security (or delegate) Actions:

- Ensure that all safety protocols are followed as per fire watch (ensure no lingering embers or flame).
- Ensure cooled ashes are safely put in appropriate container by the person conducting the ceremony, removed from room and handled as per custom, either by escorting facilitator outside or removing themselves

Referenced and Sourced Materials

- Alberta Health Services. (2023). *Patient Access to Indigenous Spiritual Ceremony* (HCS-304)
- First Light Indigenous Patient Navigator- Ashley Dicker
- FNIM Culturally Safe Spaces Working group
- *Indigenous spiritual practices - Ontario Human Rights Commission*. (n.d.). Retrieved from: <https://www3.ohrc.on.ca/en/policy-preventing-discrimination-based-creed/11-indigenous-spiritual-practices>
- IWK Health (2023). *Supporting Smudging Requests* (PO #1760)
- Journey to Collaboration Steering Committee Members- Dr. Erica Hurley, Wendy Brake, Arlene Blanchard White
- Miawpukek First Nation Indigenous Patient Navigator- Gerarda Wiseman
- Memorial University Faculty of Medicine- Edward Allen
- Newfoundland Aboriginal Women's Network- Mi'kmaq Elder Odelle Pike
- NL Health Services-Mental Health and Addictions Prevention Consultant- Jennifer O'Reilly
- NL Health Services. *Strategic Plan 2024+2026*
- Nunatukavut Patient Advisor- Boyce Turnbull
- Provincial Cancer Care Steering Committee Members- Working Together to Improve the Cancer Journey for Indigenous Patients, their Families and Communities
- Mi'kmaq Elder and Pipe Carrier- Mutchie Bennett
- Qalipu First Nation Indigenous Patient Navigator- Melissa Muisse
- Qalipu First Nation Advisor- Marlene Farrell
- *Understanding First Nations, Métis, and Inuit Health - Course Hero*. (n.d.). Retrieved from <https://www.coursehero.com/file/241122928/Week-12-Aboriginal-Healthpdf/>
- United Nations (2007). *United Nations Declaration on the Rights of Indigenous People*, Report No: A/61/L.67.
- Western Health (2023). *Directions for Facilitating a Smudge Ceremony NLHS Western Zone* (6-06-10)
- Windsor Regional Hospital (2023). *WRH Indigenous Practice Protocol* (PC-U-110)



Related Resources

- Clinical Safety Reporting System report
- Appendix A - Indigenous Ceremony Spaces by Zone
- Appendix B - Additional Teachings and Terms
- Appendix C - Indigenous Ceremony Patient Brochure
- Appendix D - Indigenous Ceremony Sign
- Appendix E - HCP Quick Reference Flowchart
- Appendix F - Indigenous Ceremony Request/ Checklist Form Fillable (Form # NLHS050APR01)

Keywords

Aboriginal, Spiritual Health, Smudge Ceremony, Qalipu, First Nation, Mi'kmaq, Innu, Métis, Inuit, Mushuau, Sheshatshiu, Miawpukek, Indigenous.

Cross-Reference

Health Organization	Document Reference	Document Name	Date Rescinded / Archived / NA
Western Health	6-06-10	Directions for facilitating a Smudge Ceremony NLHS Western zone	Rescind June 20, 2025

Appendix A

Indigenous Ceremony Spaces by Zone

Western Zone –Indigenous Patient Navigator-Qalipu- (640-9007)

Site/Location	Indoor Space	Outdoor Space
Calder Health Centre	Chapel or Palliative Care Room	LTC Patio
Sir Thomas Roddick Hospital	Chapel	Garden of Hope
Bay St. George LTC	Large group living room	LGL Courtyard
Legrow Health Centre	Sunroom	Therapeutic Garden
Western Memorial Regional Hospital	Room 1112	Garden of Hope; WMRH Cultural Garden
Corner Brook LTC	Chapel/ Town Hall	Healing Garden
Western LTC	Town Hall	Healing garden
Humberwood Centre	Conference room	Picnic Area
Bonne Bay Health Centre	Chapel	Picnic Area
Rufus Guinchard Health Centre	Active Therapy room	Recreation Garden

Eastern Urban Zone- Indigenous Patient Navigators (777-2199), (777-2210), (777-8462)

Site/Location	Indoor Space	Outdoor Space
Health Science Centre	Chapel	Garden of Hope
Dr. H Bliss Murphy Cancer Centre	Chemotherapy patients - Negative Pressure Room chemo suite	Garden of Hope
Mental Health and Addictions Centre	Spiritual Room	
Janeway	HSC Chapel	Janeway Play Garden
St. Clare's	Chapel	
Miller Centre	Chapel	
Pleasantview Towers	East and West Multifaith Chapels	
St. Patrick's Mercy LTC	Chapel	
Agnes Pratt Home	Chapel	
Glenbrook Lodge	2BC/Chapel First Floor	
Saint Luke's Home	Conference Room First Floor	
Caribou Memorial Veterans Pavilion	VP2 Rm 216/ VP3 Quiet Room	
Recovery Centre	RC Group Room	Outdoor Garden
Tuckamore Centre	Gymnasium	Outdoor Garden



Eastern Rural Zone

Site/Location	Indoor Space	Outdoor Space
Dr. Walter Templeman HC	Family Room	Patio/Gazebo Area
Private Josiah Squibb Memorial Pavilion	Multipurpose Room	Patio/ Gazebo Area
Lions Manor Nursing Home	Quiet Lounge- LTC	LTC Courtyard
Dr Albert O'Mahony Memorial Manor	Boardroom rm # 2030	Gazebo at Rear of Building
Blue Crest Interfaith Home	Conference Room	Rear deck
US Memorial Community H.C.	Conference Room	Gazebo
Golden Heights Manor	Kitchenette, East Wing	Gazebo
Bonavista Protective Community Residence	Room # 126	Gazebo
Clarenville Protective Community Residence	Common Area	Fenced Area - Back
Carbonear General Hospital	Main Floor Conference Room	Lawn Off Main Entrance - By Link
Dr W.M. Newhook Community H.C.	Board room	Picnic Area
Placentia Health Centre	Quiet Lounge- LTC	LTC Courtyard
Dr. A.A. Wilkinson Memorial H.C	Boardroom	Overhang Near ER Entrance
Dr. G.B. Cross Memorial Hospital	Boardroom # E2003	Gazebo at Rrear of AOMM Building
Bonavista Peninsula Health Centre	Quiet Room #152	Gazebo (Dialysis Entrance)
Burin Peninsula Health Centre	Classroom	Courtyard
Dr S. Beckley Health Centre	Conference Room	Off Rear Lot
Grace Centre	Gymnasium	Green Space on Side of Building

Labrador Grenfell Zone

Site/Location	Indoor Space	Outdoor Space
Labrador South HC	LTC Palliative Care Room	LTC Patio
Labrador South LTC	LTC Palliative Care Room	LTC Patio
Strait of Belle Isle HC	Conference Room	
White Bay Central HC	Conference Room	
Charles S Curtis Memorial	Palliative Care Room	
Labrador Health Centre	Multi-Cultural Room	
Labrador West Health Centre	Chapel	LTC Patio
Regional Mental Health Unit	Round Room	MHU Patio Space
Lab-Grenfell Health Natuashish HC	Old Playroom MIFN	
Mani Ashini Health Clinic	Community Kitchen	
Labrador- Grenfell Health Hopedale Clinic	Wardroom	
John M Gray Centre	Recreation Room	Level 2 Patio
HVGB LTC	Chapel	LTC Patio
Labrador Grenfell Health Makkovik Clinic	Large Storeroom	
Labrador Grenfell Health Nain Clinic	Inpatient Room	
Labrador Grenfell Health Postville Clinic	Upstairs Living Room	
Labrador Grenfell Health Rigolet Clinic	Large Upstairs Office	
Black Tickle Community Clinic	Dental Office	
Cartwright Community Clinic	Open area on 2 nd Floor	
Charlottetown Community Clinic	Office Next to Storeroom	
Mary's Harbour Community Clinic	Upstairs Office Opposite PH Room	
Port Hope Simpson Community Clinic	Staff Breakroom	
St. Lewis Community Clinic	PH Office	
Churchill Falls Clinic	Storeroom	

Central Zone

Site/Location	Indoor Space	Outdoor Space
A.M. Guy Memorial Health Centre	Ventilated Isolation Room	Therapeutic Garden
Baie Verte Peninsula Health Centre	Activity Room	Therapeutic Garden
Green Bay Health Centre	Clinic Room/Negative Pressure Room/Family Room/Boardroom	Concrete Area by Acute Care Emergency Exit
Valley Vista Senior Citizen's Home	Recreation Therapy Room/Boardroom	Outdoor Courtyard
James Paton Memorial Regional Health Centre	Chapel	Healing Garden
Lakeside Homes	Chapel	Therapeutic Garden
Gander LTC	Any Patient Room	Therapeutic Garden
Carmelite House	Chapel	Therapeutic Garden
Grand Falls Windsor LTC	Any Patient room	Therapeutic Garden
Central Newfoundland Regional HC	Chapel Rm 3042 & 4047	Garden of Hope
Therapeutic Residence	Upstairs Living Room	Fenced Backyard
Hope Valley Youth Treatment Centre	Gymnasium	Therapeutic Garden
Connaigre Peninsula Health Centre	Chapel or Palliative Care Room	Concrete Area by Emergency Exit
Dr. Hugh Twomey Health Centre	Palliative Care Room/Chapel	Therapeutic Garden
North Haven Manor	Palliative Care Room	Therapeutic Garden
Bonnews Lodge LTC	Main Conference Room	Therapeutic Garden
DR. Y.K. Jeon Kittiwake HC	Family Room -2nd Floor	Parking Lot
Fogo Island Health Centre	Room # 1201	Green Space Behind Building
Notre Dame Bay Memorial HC	Activity Room	Gazebo
Protective Community Residence	Living Room	Therapeutic Garden

Appendix B

Additional Teachings and Terms

Alternative to a smudging ceremony	Patients on oxygen are encouraged to participate in an alternative ceremony of their choice which does not involve smoke or flame (such as a dry smudge)
Drumming/Drum Dancing	Drumming is a very individual experience for many Indigenous cultures. Some Indigenous groups use it to connect to the ancestors in the spirit world and other groups use it for cultural ceremony and gatherings
Eagle Feather	Considered a sacred living being and carries the message from the person requesting the prayer directly to the creator
Indigenous Practices and Respects (protocols)	It is important that Sacred Medicines, ceremonies, and teachings are practiced, collected, and handled in a respectful way
Innu	Innu are the Indigenous Algonquian First Nations peoples. The word means “human being” in the Innu language of Innu- Aimun
Inuit	Inuit are the Indigenous peoples of the Arctic. Inuit means “the people” in the Inuit language Inuktitut. (“Understanding First Nations, Métis, and Inuit Health - Course Hero”)
Métis	The Métis are a distinct Indigenous group comprised of descendants of people born of European and Indigenous descent.
Mi’kmaq	An Indigenous group of people who are among the original inhabitants in the Atlantic provinces of Canada, and the Northeast US.
Moon-time	People who are menstruating or within four days prior or after menstruation. Some people on their moon-time do not take part in ceremony due to their spiritual strength at this time.
Signage	“Indigenous Ceremony Taking Place” - A sign or door hanger that is posted outside the room advising people that the room is being used for ceremony
Throat Singing	Throat singing is an important part of Inuit Culture that was traditionally done between Inuit women. Its passing sounds of animals, nature, and feelings. It involves using sounds from breathing and passing those sounds and energy back and forth between 2 people



Appendix C

Indigenous Ceremony Patient Brochure

<https://acrobat.adobe.com/id/urn:aaid:sc:US:d90a1fa1-3ae3-48f4-809d-c0c52d87ae9c>


Before


Starting a Ceremony with Smoke or Flame:

We kindly ask you to speak with your health care provider or call:

NL Health Services staff will help you make sure everything is safe and private. Please let them know in advance so there is enough time to plan.

Each location has special areas for holding Indigenous Ceremonies. Ask your health care team member where the space is at your location.





You


Will Be Asked to Answer These Few Questions:

- When would you like the ceremony to happen?
- Where would you like it to take place?
- How long will it last?
- Who will be there?

Remember that you need to bring your own items and medicines for the ceremony.

The health care team will place a sign on the door that says 'Ceremony in Progress' to make sure there are no interruptions.

If the ceremony involves smoke or flame, keep the room door closed during the ceremony and for 30 minutes afterward.






Things

To Keep in Mind:

Before you start, make sure you know who to call for help if you need it.

- If the ceremony involves smoke or flame, use a fire-safe container for the ceremony.
- Use a small amount of medicine to make less smoke.
- Make sure the flame and embers are completely out after the ceremony.
- Let the ashes cool before putting them in a glass container with a lid to take outside.
- DO NOT place ashes in toilet or trash.
- A health care team member will check that there are no fire risks left after the ceremony.
- Tell your health care team member when the ceremony is finished, or call:






NL Health
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Indigenous Ceremonies

Available Upon Request in
Newfoundland and Labrador
Health Services Facilities



Appendix D: Indigenous Ceremony Sign



ART APPROVAL FORM

PLEASE READ ENTIRE PAGE

PROOF THIS ART VERY CAREFULLY

UPON APPROVAL THIS ART WILL BE PRINTED ON YOUR ITEM AS IS

If you have any questions regarding this art or how it will print on the requested item PLEASE CALL or E-MAIL us. Client is responsible for correctness of design including but not limited to spelling, numbers, colors etc. Please note that colors may vary from what you see on-screen. Exact Pantone color matches cannot be guaranteed. STAGG SIGNS IS NOT RESPONSIBLE for mistakes on artwork that has been proofed by client.

ONCE YOU HAVE PROOFED YOUR ART:
Please print this page, sign and date, and fax to Stagg Signs (709-489-2690). **You may also** email us with approval or changes as necessary.

16x16 inch Magnet



**INDIGENOUS
CEREMONY
IN PROGRESS**

Please be respectful and keep the door closed



NL Health
Services



Qalipu
FIRST NATION

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PLEASE check box and sign
ONLY if satisfied with the art
as it appears on this page

☐ **I APPROVE THIS DESIGN, PLEASE PROCEED WITH MY ORDER**

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Appendix E- HCP Quick Reference Flowchart



NLHS Indigenous Healing Ceremony Policy Staff Flowchart

This is a quick guide for NLHS staff through the four steps of Indigenous ceremony. When a ceremony request is made by a patient/resident/family member within an NLHS inpatient facility, every effort must be made to accommodate the ceremony in a timely manner (2 hours or less for critically ill or end of life situations). Staff will start with Step 1 and follow the procedures with each of the four steps below. For more details refer to the Indigenous Ceremony Policy.

Procedures

Step 1: At Ceremony Request

- Healthcare provider (HCP) receives ceremony request and respectively engages with patient/resident/ family to gather ceremony details (date, time, type of ceremony, location, and any supports that are needed). Contact Spiritual Health/Pastoral Care, or Indigenous Patient Navigator if assistance is needed.
- Ensure patient/resident is aware they are to provide their own ceremonial items.
- Healthcare team assesses patient's medical needs and identifies any potential risks. **Flame/fire is not permitted in the presence of oxygen.**
- Consult with most appropriate HCP if patient is on oxygen to ascertain if it can be temporarily discontinued for ceremony.
- Staff notifies Manager (or site Manager if after hours/weekend).
- Manager/delegate will immediately notify facilities to ensure all fire alarms, smoke detectors, and ventilation systems will be put in appropriate bypass, where necessary.
- Manager will notify contracted security or delegate to ensure fire safety maintained.
- HCP initiates Indigenous Ceremony Request/ Checklist Form # NLHS050APR01 found on intranet in forms.

Procedures

Step 2: Prior to Ceremony

- Manager/delegate will confirm with facilities that all fire alarms, smoke detectors, and ventilation systems are in appropriate bypass, where necessary.
- Adjust ventilation where able (open windows, ask facilities to provide carbon filter air purifiers).
- Ensure other staff and patients are aware an Indigenous Ceremony will be taking place.
- Take steps to minimize risk to others who may have allergies or respiratory issues (such as performing in private room, or temporary reassignment of staff member).
- Contracted security or delegate to ensure **Class A fire extinguisher is nearby.**
- Staff will place ceremony in progress sign on door. (See Appendix D of Indigenous Ceremony Policy)
- HCP to complete the Indigenous Request/checklist form #NLHS050APR01 on Intranet under forms
- Provide patient/ resident/ family with an Indigenous Ceremony brochure (Found in Appendix C of Indigenous Ceremony Policy)
- If there are issues implementing the policy escalate to Director, or Director on call
- If ceremony is denied, manager to complete a CSRS report and follow up with the family

Procedures

Step 3: During the Ceremony

- Ensure ceremony door is kept closed.
- Staff may participate in ceremony if invited and wish to do so.
- Staff must explain to patient/family how to access healthcare staff if needed.
- Use small amounts of medicines in areas with poor ventilation to minimize smoke
- Monitor all fire risks.**

Procedures

Step 4 : After the Ceremony

- HCP to reestablish oxygen if temporarily discontinued for the ceremony. Assess patient and vital signs as necessary.
- Person facilitating ceremony will allow ashes to cool in smudge bowl/shell and then transfer ashes to glass container with lid.
- Ashes should be removed by person conducting ceremony and placed outside. **Ashes are not to be placed in garbage or flushed down sink or toilet.**
- Contracted security/delegate must assess space for fire safety. (ensure no remaining embers or flame).
- Allow room door to remain closed for 30 minutes to allow smoke to dissipate.
- Facilities must be notified to return all fire alarms, ventilation systems and bypasses to normal immediately after procedure when safe to do so (as required).
- Remove "ceremony in progress" signage from door.



Appendix F

Indigenous Ceremony Request/ Checklist Form Fillable (Form # NLHS050APR01)



NL Health Services

Indigenous Ceremony Request Checklist

Date of ceremony request (YYYY/MON/DD): _____ Time (HH:MM): _____

Type of ceremony request: _____

Date ceremony requested for (YYYY/MON/DD): _____ Time (HH:MM): _____

Date ceremony completed (YYYY/MON/DD): _____ Time (HH:MM): _____

Person requesting ceremony: _____ Date of birth (YYYY/MON/DD): _____ HCN: _____

INDIGENOUS CEREMONY

Pre-Ceremony

- ☐ Facility Maintenance has confirmed smoke devices/ ventilation systems are bypassed and is safe to begin ceremony (where necessary confirm with facilities)
- ☐ Ensure no one in room is on oxygen (consult with most responsible healthcare team member prior to stopping oxygen)
- ☐ All fire risks are identified and removed
- ☐ Location of nearest Class A fire extinguisher identified
- ☐ Open windows, use fans, or air purifiers if appropriate
- ☐ Ensure room door closed/sign posted
- ☐ Know how to access help if needed/call button available
- ☐ Exit room unless invited to stay

Post Ceremony

- ☐ Perform fire safety visual check. Ensure no embers/ash remain around patient or surroundings
- ☐ Ensure ashes are cooled, placed in glass jar with lid, and prepared for offering back to the land. **Do not place ashes in garbage, or wash down the sink or toilet**
- ☐ If patient/resident was on oxygen therapy prior to ceremony, and temporarily discontinued to perform ceremony ensure reconnected and vital signs as necessary.
- ☐ Keep door closed for 30 minutes
- ☐ Notify Facilities/maintenance to restore all fire alarms and ventilation systems to normal
- ☐ Remove signage

Healthcare Member Performing Checklist Name

Signature

Date (YYYY/MON/DD)

NLHS050APR01